#### Headquarters U.S. Air Force

Integrity - Service - Excellence

### Medical Services for Traumatic Brain Injury



**U.S. AIR FORCE** 

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#### **Overview**

- Defining Traumatic Brain Injury (TBI)
- Incidence of TBI
- TBI Services in the AF
- Defining and Measuring Success of TBI programs
- Identifying Best Practices
- Implementation of DTM 09-033



### Defining TBI

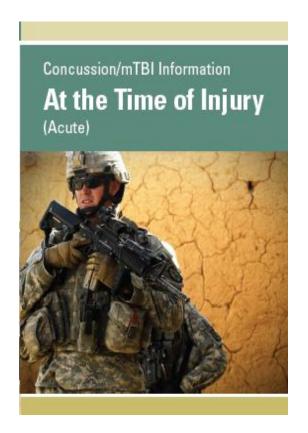
- A structural or physiologic disruption in brain function as a result of an external force
  - Blow or jolt to the head
  - Acceleration/deceleration movement
  - Other forces such as blast wave propagation
- Alteration or loss of conscious (AOC/LOC) at the time of injury
- Post traumatic amnesia may occur
- Duration of AOC/LOC, PTA, and findings on neuroimaging are used to determine severity of TBI





### Defining TBI

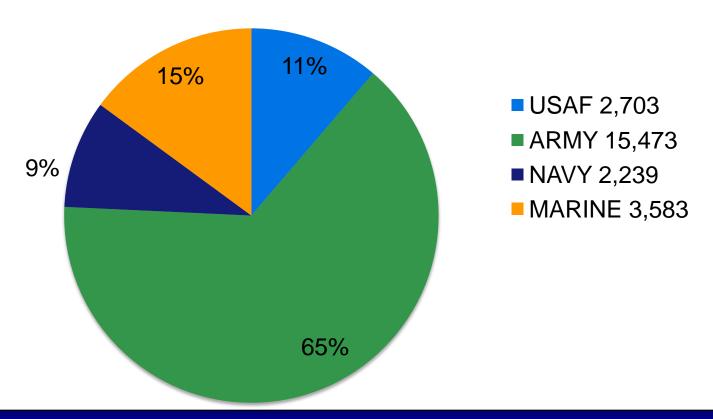
- Mild TBI is the same as concussion
  - LOC 0-30min, AOC up to 24hr, PTA 0-1day, normal neuroimaging
  - Common symptoms include difficulty thinking/concentrating, headache, sleep disturbance, irritability, slowed reaction time
  - The majority of people who sustain a concussion fully recovery within days to weeks
  - People who sustain multiple concussions may take longer to recover





## Deployed and Non-deployed TBI in the DoD 2010Q3

#### **TBI Incidence**

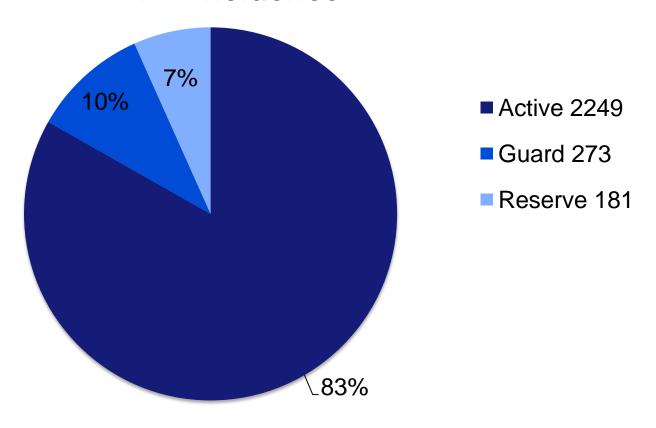


The USAF accounted for 11% of all TBI including deployed and non-deployed cases



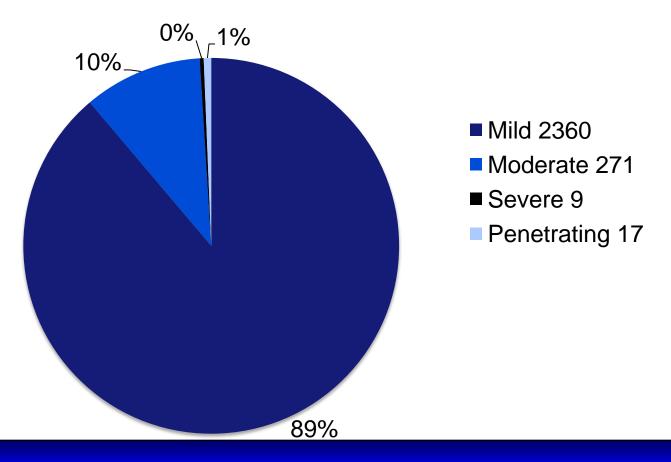
## AF TBI by component 2010Q3

#### **TBI Incidence**





# AF TBI Severity 2010Q3



Most TBI in the AF is mild



#### Approach to TBI Services

- The incidence of TBI in the AF is lower than in other services due to difference in mission
- Most TBI in the AF is mild
- Most who have mild TBI recovery over days to weeks
- Goal is to identify Airman with persistent post-concussion symptoms
- Goal is to educate primary care providers across the AFMS on TBI diagnosis, management, and resources





# Screening Wounded Warriors

- Landstuhl Regional Medical Center
  - All Warfighters medically evacuated from theater to LRMC undergo TBI screening regardless of injury for which they were evacuated





### Screening All Recently Deployed Airmen

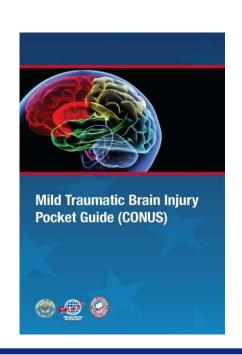
- Post Deployment Health Assessment (PDHA)
  - TBI screening questions added in Jan 2008
- Post Deployment Health Re-Assessment (PDHRA)
  - Given 3-6 months after redeployment
  - Same TBI screening questions
- Deployment Transition Center (DTC)
  - Opportunity to screen high risk career fields





### **Training**

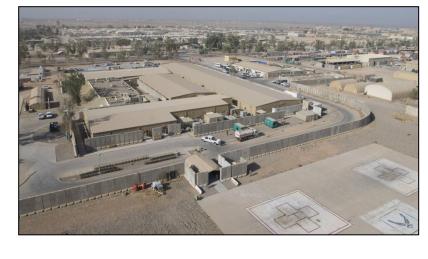
- All clinical medics trained on current concussion management guidelines in deployed setting
- TBI pocket guides distributed to >1500 providers in AFMS
- TBI info in Squadron and Wing CC courses
- New section on TBI in Leadership Guide
- TBI section added to self aid buddy care
- TraumaticbraininjuryAtoZ.org





**Clinics** 

- TBI Clinic in theater
  - 332 EMDG, Balad
- Two joint TBI programs in CONUS
  - Joint Base Elmendorf-Richardson
  - San AntonioMilitary HealthSystem









### TBI Clinic Balad

#### 332 EMDG, Balad

- Co-located with mental health
- One provider (psychologist), one tech
- Provides intial eval and education
- 6 laptops for post-injury ANAM testing as indicated
- >75% of patients are Army





### TBI Clinic Elmendorf

#### Elmendorf-Richardson

- Multidisciplinary mTBI clinic started in March 2009
- Neurology, neuropsychology, sleep clinic, pain clinic, OT/PT,
  Speech Pathology, Audiology, Optometry, Mental Health
- Support groups for children, spouses and service members
- Stress management, sleep hygiene, anger management, and healthy thinking
- Low stress, low stimulus environment; relaxation/massage chairs in the waiting area, filtered lights











## TBI Clinic Elmendorf

#### Elmendorf-Richardson

- 48 active mTBI patients
  - **44** Army
  - 3 USAF
  - 1 Retired Army
- 36 (75%) of the active TBI patients have comorbid diagnosis of PTSD
- Weekly joint staffing of patients with Fort Richardson staff and all specialty providers involved with the pts care



## TBI Clinic San Antonio

#### **San Antonio Military Medical Center**

- Program started August 2007
- Aug 2007-July 2010: 1657 consults
  - 85% Army
  - 3% Marine
  - 3% Air Force
- 62% mTBI
- 51% blast etiology





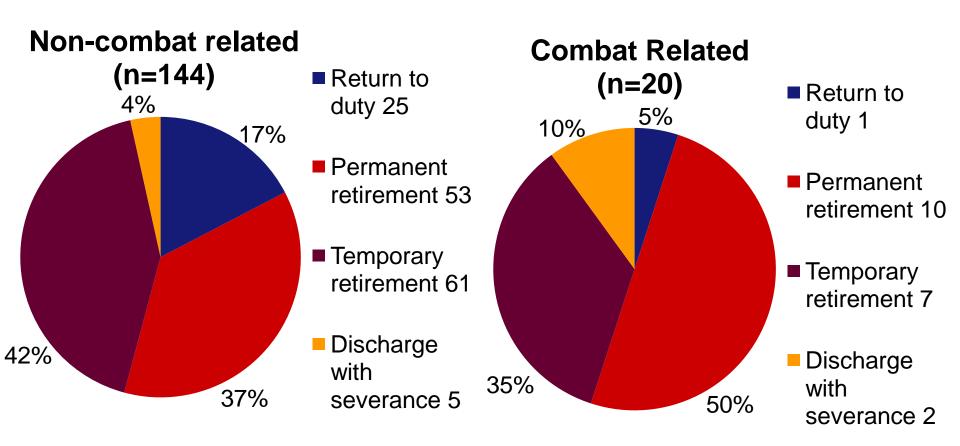
## Defining and Measuring Success

- Defining Success of TBI Services
  - Early and appropriate evaluation, diagnosis, and treatment following a potentially concussive event
- Measuring Success of TBI Services
  - Resolution/control of symptoms
  - Return to duty
  - Medical evaluation board statistics



### Disposition of Airmen with TBI who underwent MEB

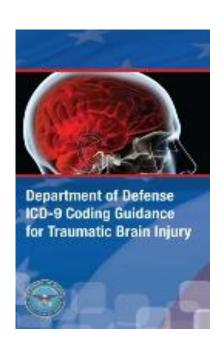
- 164 MEBs for TBI 2001- Feb 2011
- 25,842 total cases of TBI diagnosed 2001-2010Q3





#### Identifying Best Practices

- Quad Service TBI working group
  - Defense Center of Excellence (DCoE), DoD/VA Brain Injury Center (DBVIC), AF, Army, Navy, and USMC, National Intrepid Center of Excellence (NICoE)
  - VA/DoD clinical practice guidelines
  - Tools for providers and resources for SM and their families
  - Constant review of current research to ensure implementation of emerging best practices





#### Implementation of DTM 09-033

- Directive-Type Memorandum (DTM) 09-033: 21 JUN 2010
  - Policy Guidance for the Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting
- CENTCOM FRAGO 09-1656: 13 JUL 2010
  - MOD 1: 13 DEC 2010
- USAFCENT FRAGO F10-038: 3 NOV 2010
- AF Guidance Memorandum 44-01: 16 FEB 2011
- AFI 44-174
  - New AFI written and being coordinated for publication

